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PLACE OF BIRTH
 County of Gila
 District of Winkelman
 Town of Winkelman
 or
 City of _____ (No. _____ St. _____ Ward)

ARIZONA STATE BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS
 ORIGINAL CERTIFICATE OF BIRTH

State Index No. 172
 Co. Register No. 124
 Local Registrar's No. 1

FULL NAME OF CHILD Armanda Aranda { Born } YES
 child is not named, make Supplemental Report on blank obtainable from local registrar. { Alive } NO

Sex of child <u>Female</u>	Twin, <u>Triplet</u> or other	and } Number in order of birth <u>2nd</u>	Legitimate? <u>Yes</u>	Date of Birth <u>March 28</u> 191 <u>7</u> (Month) (Day) (Yr.)
FATHER		MOTHER		
Full Name <u>Jose Aranda</u>		Full Maiden Name <u>Suzana Belana</u>		
Residence <u>Near - Winkelman</u>		Residence <u>Near Winkelman</u>		
Color or Race <u>Mexican</u>		Color or Race <u>Mex.</u>		
Age at last Birthday <u>26</u> (Years)		Age at last Birthday <u>21</u> (Years)		
Birthplace <u>N. S.</u>		Birthplace <u>N. S.</u>		
Occupation <u>Miner</u>		Occupation <u>Housewife</u>		
Order of child of this mother <u>2nd</u>		Number of Children, of this mother, now living <u>2</u>		Were precautions taken against Ophthalmia neonatorum? <u>Yes</u>

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of the above child; and that it occurred on March 28 1917, at 9:30 P. M.

*When there is no attending physician or midwife, then the householder could make this return.

(Signature) M. G. Marden M.D.
 (Attending physician, midwife, householder.)*

Given or Christian name added from a _____

Address Winkelman

Supplemental report _____ 1917

Filed March 29 1917

H. Roberts
 LOCAL REGISTRAR.

11-326-221
 COUNTY REGISTRAR.

Filed April 28 1917 A True Copy

B. L. Soy
 COUNTY REGISTRAR.